

Office Use Only:
Plan Approved: [] Yes [] No Date Approved: _____ Staff Initials: _____
Supervision Plan Approved to start on _____ (date)

FORM III

Required for issuance of Associate license as well as any subsequent change related to supervised experience and supervision.

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS
SUPERVISORY AGREEMENT FORM**

Mail this correspondence (no fees enclosed) to:

Texas State Board of Examiners of Marriage and Family Therapists

Mail Code 1470

P.O. Box 149055

Austin, Texas 78714-9055

Phone: 1-512-834-6657 Fax: 1-512-834-6677 Email: mft@hhsc.texas.gov

PLEASE NOTE:

- A separate Supervisory Agreement Form must be on file and approved by the board for each Supervisor.
- The board will notify the supervisee in writing if the form is approved by the board. A copy of the completed form with the "office use only" filled out will be returned to the supervisee. Supervision may begin on the date approved by the board.
- You must submit a copy of your supervisor's current licensure wallet card with your Supervisory Agreement Form.
- Experience accrued without a board-approved Supervisory Agreement Form on file will not be accepted.

I. Supervisee Information

Name: _____ Associate License #: _____
First Middle Last (If applicable)

II. Board-Approved Supervisor Information (supervisor must meet the board's criteria)

Name: _____ License #: _____

Are you a board-approved supervisor? ☐ Yes ☐ No

Are you an AAMFT approved supervisor? ☐ Yes ☐ No

III. Clinical Supervision Schedule

Beginning Date of Supervision: _____

Supervision Format: ☐ Individual ☐ Group ☐ Combination

Supervision Sessions per Month:

_____ Hours Individual + _____ Hours Group = _____ Total Hours/Month

IV. Attachment

For board-approval of the Supervisory Agreement Form, a copy of the supervisor's licensure wallet card is *required* with this form to verify that the individual is a board-approved supervisor and that the license is current.

Is a copy of the licensure wallet card attached? ☐ Yes ☐ No

V. Affidavit of Understanding and Signatures

I, as supervisee, affirm that all information provided by me on this form is true and accurate, and I affirm the following:

- That I have read the board rules relating to supervised experience and that all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience.
- That I will meet with my supervisor for a minimum of one hour of supervision every week. A supervision hour is no less than 50 minutes.
- That I will abide by all rules of the board including ethics requirements.
- That I understand the associate license does give me the authority to engage in the independent practice of marriage and family therapy under supervision.
- That I understand the professional responsibility for the service of the supervisee shall be a joint responsibility of the supervisor and supervisee.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board in writing when I am no longer being supervised by the supervisor.

Signature of Supervisee

Date

I, as supervisor of the above named applicant's experience, affirm that all information provided by me on this form is true and accurate and I affirm the following:

- That all supervised experience will be completed in accordance with the section of the board rules relating to supervised experience and all subsequent board rules.
- That I will meet with the supervisee for a minimum of one hour of supervision every week. A supervision hour is no less than 50 minutes.
- That I understand the professional responsibility for the services of the supervisee shall be a joint responsibility of the supervisor and the supervisee.
- That I understand the supervisee can engage in the independent practice of marriage and family therapy under supervision until he or she obtains a regular license as a Licensed Marriage and Family Therapist.
- That I understand the supervisory arrangement must be reflected on all billing documents.
- That I will notify the board in writing when I am no longer supervising the supervisee.

Signature of Supervisor

Date

**TEXAS STATE BOARD OF EXAMINERS
OF MARRIAGE AND FAMILY THERAPISTS**

SUPERVISORY AGREEMENT FORM INSTRUCTIONS

Acknowledgement Form

By signing this form, I am acknowledging that I have read and understood the instructions for the Supervisory Agreement Form (Form III).

Signature of Supervisee

Signature of Supervisor

Date

Date

Associate's License # (if applicable)

Supervisor's License #

Mail the last 4 pages of this packet to:

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PRIVACY NOTIFICATION: With few exceptions, you have the right to request and be informed about information that the State of Texas collects about you. You are entitled to receive and review the information upon request. You also have the right to ask the state agency to correct any information that is determined to be incorrect. See <http://www.hhsc.state.tx.us/> for more information on Privacy Notification. (Reference: Government Code, Section 552.021, 552.023, 559.003 and 559.004).

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